

APPENDIX 1: WORKER APPLICATION

YOUR INFORMATION

Your Name

Date of Birth

Address

City

Postal Code

Email address

Primary Phone#

Do you have a current driver's license? ☐ Yes ☐ No

Classification:	License#
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INTERESTS & AVAILABILITY

1. Which areas of ministry are you interested in serving?

Ages & Areas of Ministry (Please check all that apply):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Children's Clubs |
| <input type="checkbox"/> Grades 1 - 3 | <input type="checkbox"/> Vacation Bible Camp |
| <input type="checkbox"/> Grades 4 - 6 | <input type="checkbox"/> Youth Ministries |
| <input type="checkbox"/> Grades 7 - 9 | <input type="checkbox"/> Special Outreaches |
| <input type="checkbox"/> High School | <input type="checkbox"/> Where I'm Most Needed |
| <input type="checkbox"/> Other: _____ | |

2. What time commitment are you able to make?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ Negotiable ☐ Other: _____

3. Are you prepared to attend seminars or workshops on nursery, children and/or youth ministry as required by the church?

- ☐ Yes ☐ No

HISTORY & EXPERIENCE

4. What is your present Membership or Adherent status at Trinity? Please check one. If you are unsure, contact the Church Office.

- ☐ On the Active roll of Church Membership at Trinity Evangelical Missionary Church
- ☐ On the Inactive roll of Church Membership at Trinity Evangelical Missionary Church
- ☐ Adherent for more than six (6) months at Trinity Evangelical Missionary Church
- ☐ Adherent for less than six (6) months at Trinity Evangelical Missionary Church

5. List any other churches which you have attended regularly during the past five years and any experience serving minors (attach a separate sheet if necessary):

Church Name:	
When did you attend?	City:
Duties:	

Church Name:	
When did you attend?	City:
Duties:	

6. Please list all previous non-church experience involving minors (attach a separate sheet if necessary):

Organization Name:	
When did you attend?	City:
Duties:	

Organization Name:	
When did you attend?	City:
Duties:	

7. Please list any gifts, callings, training, education, or other factors that have prepared you for serving minors (attach a separate page, if necessary):

REFERENCES

Please provide two (2) non-related reference who knows you well enough to evaluate your qualifications to serve with minors. Please try to pick one reference from such as: Your employer or a co-worker, A professional person (teacher, clergy, lawyer, etc.), Someone who is familiar with your work with minors.

Reference #1	
Name:	Relationship:
Email Address:	
Phone#	Best time to contact: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Reference #2	
Name:	Relationship:
Email Address:	
Phone#	Best time to contact: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

STATEMENT OF AUTHORIZATION, RELEASE, AND SIGNATURES

To the best of my knowledge, the information set out herein is true and correct. I authorize any reference or church named herein to release to Trinity Evangelical Missionary Church any information they may have which will assist Trinity Evangelical Missionary Church in evaluating my suitability as a worker within nursery/children/youth ministry.

I further release Trinity Evangelical Missionary Church from any claims or causes of action that may arise from their use of the information as provided by the other persons or churches.

I agree to abide by the Constitution and Bylaws, policies and procedures of Trinity Evangelical Missionary Church and to refrain from any conduct unbecoming in the performance of my responsibilities on behalf of the Church.

Applicant's Signature

Date

Witness' Name

Date

Witness' Signature